



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

Telephone
(213) 974-2101
Telecopier
(213) 626-1812

July 20, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

FILED
2006 JUL 20 AM 8:47
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL DISTRICTS AFFECTED - 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10828446 in amount of \$1,667.00
Account Number 10895699 in amount of \$24,121.00
Account Number 11089262 in amount of \$5,000.20
Account Number 10833342 in amount of \$5,000.00
Account Number 10833345 in amount of \$4,821.67
Account Number 10958431 in amount of \$24,136.00
Account Number 10846670 in amount of \$14,619.48

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:ts
X:Comp.85

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 85A
DATE: July 20, 2006

Amount of Aid	\$92,030.00	Account Number	10828446
Amount Paid	0.00	Name	Adult Female
Balance Due	92,030.00	Service Date	12/15/03 to 01/09/04
Compromise Amount Offered	1,667.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$90,363.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$92,030.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$5,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 2,000.00	\$1,680.53	33.61%
Attorney Cost	957.28	957.28	19.15%
County of Los Angeles	92,030.00	1,667.00	33.34%
Net to Client	N/A	695.19	13.90%
Total	\$94,987.28	\$5,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 85B
DATE: July 20, 2006

Amount of Aid	\$94,068.00	Account Number	10895699
Amount Paid	0.00	Name	Adult Male
Balance Due	94,068.00	Service Date	06/06/04 to 07/29/04
Compromise Amount Offered	24,121.00	Facility	Olive View Medical Center
Amount to be Written Off	\$69,947.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at Olive View Medical Center at a cost of \$94,068.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$92,678.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 89,293.50	\$24,483.00	26.42%
Attorney Cost	4,774.82	0.00	0.00%
Miracle Mile Surgery	11,700.00	3,045.00	3.29%
Southland Injury Medical	10,490.00	2,730.00	2.95%
West Coast Clinics	7,413.00	1,929.00	2.08%
Pacific Hospital	6,273.00	1,633.00	1.76%
Pain Care Center	4,500.00	1,171.00	1.26%
Central Diagnostic Imaging	4,400.00	1,145.00	1.24%
MRI Healthcare Center	2,650.00	690.00	0.74%
Nosrat Javidan, M.D.	1,540.00	401.00	0.43%
Serra Community Medical Clinic	677.00	176.00	0.19%
Pacific Emergency	653.00	170.00	0.18%
Los Angeles Fire Department	610.00	159.00	0.17%
Edward Rubin, M.D.	90.00	23.00	0.02%
County of Los Angeles	94,068.00	24,121.00	26.03%
Net to Client	N/A	30,802.00	33.24%
Total	\$239,132.32	\$92,678.00	100.00%

Our financial statement reveals that the client is unemployed and living with his adult daughter. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 85C
DATE: July 20, 2006

Amount of Aid	\$50,985.00	Account Number	11089262
Amount Paid	0.00	Name	Adult Female
Balance Due	50,985.00	Service Date	11/08/05 to 01/09/06
Compromise Amount Offered	5,000.20	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$45,984.80	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$50,985.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 4,995.00	33.30%
Attorney Cost	2,000.00	810.00	5.40%
Bob's Rexall Drug	77.67	23.01	0.15%
Long Beach Fire Department	953.78	953.78	6.36%
Long Beach Pathology Department	56.75	28.01	0.19%
County of Los Angeles	50,985.00	5,000.20	33.33%
Net to Client	N/A	3,190.00	21.27%
Total	\$60,073.20	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 85D
DATE: July 20, 2006

Amount of Aid	\$44,024.00	Account Number	10833342
Amount Paid	0.00	Name	Adult Male
Balance Due	44,024.00	Service Date	04/22/04 to 05/19/04
Compromise Amount Offered	5,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$39,024.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$44,024.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	450.00	450.00	3.00%
County of Los Angeles	44,024.00	5,000.00	33.33%
Net to Client	N/A	4,550.00	30.34%
Total	\$49,474.00	\$15,000.00	100.00%

Our financial statement reveals that the client is unemployed and homeless. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 85E
DATE: July 20, 2006

Amount of Aid	\$221,852.00	Account Number	10833345
Amount Paid	0.00	Name	Adult Male
Balance Due	221,852.00	Service Date	11/25/03 to 03/22/04
Compromise Amount Offered	4,821.67	Facility	LAC USC/ Harbor UCLA Medical Center
Amount to be Written Off	\$217,030.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC/ Harbor UCLA Medical Center at a cost of \$221,852.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 4,821.66	32.15%
Attorney Cost	535.00	535.00	3.57%
County of Los Angeles	221,852.00	4,821.67	32.14%
Net to Client	N/A	4,821.67	32.14%
Total	\$227,387.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is living at the New Directions, Rehabilitation Center. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 85F
DATE: July 20, 2006

Amount of Aid	\$49,482.00	Account Number	10958431
Amount Paid	0.00	Name	Adult Female
Balance Due	49,482.00	Service Date	01/15/05 to 03/16/05
Compromise Amount Offered	24,136.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$25,346.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at Harbor UCLA Medical Center at a cost of \$49,482.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 33,333.33	\$ 33,333.33	33.33%
Attorney Cost	394.00	394.00	0.40%
Jon B. Greenfield, M.D.	1,772.00	863.33	0.87%
Beverly Hills Imaging	3,556.00	1,733.33	1.73%
Sungmo Medical Group	1,080.00	526.67	0.53%
H. Ronald Fisk, M.D.	1,050.00	513.33	0.51%
Knee & Spine Hospital	6,463.09	3,153.34	3.15%
Kwang Soo Park Dental	4,129.56	2,013.33	2.01%
County of Los Angeles	49,482.00	24,136.00	24.14%
Net to Client	N/A	33,333.34	33.33%
Total	\$101,259.98	\$100,000.00	100.00%

Our financial investigation reveals that the client was a visitor from South Korea at the time of the accident, and has since returned.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 85G
DATE: July 20, 2006

Amount of Aid	\$57,994.00	Account Number	10846670
Amount Paid	0.00	Name	Adult Male
Balance Due	57,994.00	Service Date	04/26/04 to 07/08/04
Compromise Amount Offered	14,619.48	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$43,374.52	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$57,994.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$44,197.50 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$14,619.47	\$14,619.47	33.08%
Attorney Cost	339.07	339.07	0.76%
County of Los Angeles	57,994.00	14,619.48	33.08%
Net to Client	N/A	14,619.48	33.08%
Total	\$72,952.54	\$44,197.50	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his parents. He has no other source of income or tangible assets.